MC-2743

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Suraksha DIAGNOSTICS

Lab No.	: DUR/25-02-2023/SR7339687	**Lab Add.**	: Newtown, Kolkata-700156
Patient Name	: **NITYA TIGGA**	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 43 Y 1 M 27 D	**Collection Date**	: 25/Feb/2023 11:31AM
Gender	: F	**Report Date**	: 25/Feb/2023 07:06PM

Test Name	Result	Unit	Bio Ref. Interval	Method
BLOOD GROUP ABO+RH [GEL METHOD] , *EDTA WHOLE BLOOD*				
ABO	O			Gel Card
RH	NEGATIVE			Gel Card
BLOOD GROUP COMMENTS	DU TEST : NEGATIVE			

TECHNOLOGY USED: GEL METHOD

ADVANTAGES :

- Gel card allows simultaneous forward and reverse grouping.
- Card is scanned and record is preserved for future reference.
- Allows identification of Bombay blood group.
- Daily quality controls are run allowing accurate monitoring.

Historical records check not performed.

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Lab No. : SR7339687 **Name : NITYA TIGGA** **Age/G : 43 Y 1 M 27 D / F** **Date : 25-02-2023**

***POTASSIUM, BLOOD ,** *GEL SERUM*				
POTASSIUM,BLOOD	4.20	mEq/L	3.1-5.5 mEq/L	ISE DIRECT
***LIPID PROFILE ,** *GEL SERUM*				
CHOLESTEROL-TOTAL	199.00	mg/dL	Desirable: < 200 mg/dL Borderline high: 200-239 High: > or =240 mg/dL	CHOD PAP Method
TRIGLYCERIDES	**180.00**	mg/dL	NORMAL < 150 BORDERLINE HIGH 150-199 HIGH 200-499 VERY HIGH > 500	GPO-PAP
HDL CHOLESTEROL	53.00	mg/dL	42-88 mg/dl	DIRECT METHOD
LDL CHOLESTEROL DIRECT	**118.0**	mg/dl	OPTIMAL : <100 mg/dL, Near optimal/ above optimal : 100-129 mg/dL, Borderline high : 130-159 mg/dL, High : 160-189 mg/dL, Very high : >=190 mg/dL	Direct Method
VLDL	28	mg/dl	< 40 mg/dl	Calculated
CHOL HDL Ratio	3.8		LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	Calculated
***TOTAL PROTEIN [BLOOD] ALB:GLO RATIO ,** *.*				
TOTAL PROTEIN	**6.50**	g/dL	6.6 - 8.7 g/dL	BIURET METHOD
ALBUMIN	4.0	g/dl	3.5-5.2 g/dl	BCG
GLOBULIN	2.50	g/dl	1.8-3.2 g/dl	Calculated
AG Ratio	1.60		1.0 - 2.5	Calculated
CREATININE, BLOOD , *GEL SERUM*	0.62	mg/dL	0.60 - 1.1 mg/dl	ENZYMATIC

PDF Attached

***GLYCATED HAEMOGLOBIN (HBA1C) ,** *EDTA WHOLE BLOOD*				
GLYCATED HEMOGLOBIN (HBA1C)	5.0	%	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	
HbA1c (IFCC)	31.0	mmol/mol		HPLC

Clinical Information and Laboratory clinical interpretation on Biological Reference Interval:
Low risk / Normal / non-diabetic : <5.7% (NGSP) / < 39 mmol/mol (IFCC)
Pre-diabetes/High risk of Diabetes : 5.7%- 6.4% (NGSP) / 39 - < 48 mmol/mol (IFCC)
Diabetics-HbA1c level : >/= 6.5% (NGSP) / > 48 mmol/mol (IFCC)

Analyzer used : BIORAD D-10
Method : HPLC

Recommendations for glycemic targets
Ø Patients should use self-monitoring of blood glucose (SMBG) and HbA1c levels to assess glycemic control.
Ø The timing and frequency of SMBG should be tailored based on patients' individual treatment, needs, and goals.
Ø Patients should undergo HbA1c testing at least twice a year if they are meeting treatment goals and have stable glycemic control.
Ø If a patient changes treatment plans or does not meet his or her glycemic goals, HbA1c testing should be done quarterly.
Ø **For most adults who are not pregnant, HbA1c levels should be <7% to help reduce microvascular complications and macrovascular disease . Action suggested >8% as it indicates poor control.**
Ø Some patients may benefit from HbA1c goals that are stringent.
Result alterations in the estimation has been established in many circumstances, such as after acute/ chronic blood loss, for example, after surgery, blood transfusions, hemolytic anemia, or high erythrocyte turnover;

vitamin B_{12} / folate deficiency, presence of chronic renal or liver disease; after administration of high-dose vitamin E / C; or erythropoietin treatment.

Reference: Glycated hemoglobin monitoring BMJ 2006; 333;586-8

References:

1. *Chamberlain JJ, Rhinehart AS, Shaefer CF, et al. Diagnosis and management of diabetes: synopsis of the 2016 American Diabetes Association Standards of Medical Care in Diabetes. Ann Intern Med. Published online 1 March 2016. doi:10.7326/M15-3016.*
2. *Mosca A, Goodall I, Hoshino T, Jeppsson JO, John WG, Little RR, Miedema K, Myers GL, Reinauer H, Sacks DB, Weykamp CW. International Federation of Clinical Chemistry and Laboratory Medicine, IFCC Scientific Division. Global standardization of glycated hemoglobin measurement: the position of the IFCC Working Group. Clin Chem Lab Med. 2007;45(8):1077-1080.*

***URIC ACID, BLOOD ,** *GEL SERUM*

URIC ACID,BLOOD	**7.10**	mg/dl	2.4 - 5.7 mg/dl	URICASE

***SODIUM, BLOOD ,** *GEL SERUM*

SODIUM,BLOOD	141.00	mEq/L	136 - 145 mEq/L	ISE DIRECT

***CHLORIDE, BLOOD ,** *.*

CHLORIDE,BLOOD	107.00	mEq/L	98 - 107 mEq/L	ISE DIRECT

UREA,BLOOD	12.8	mg/dl	12.8-42.8 mg/dl	UREASE-GLDH

***CBC WITH PLATELET (THROMBOCYTE) COUNT ,** *EDTA WHOLE BLOOD*

HEMOGLOBIN	**11.4**	g/dL	12 - 15	PHOTOMETRIC
WBC	7.8	*10^3/µL	4 - 10	DC detection method
RBC	4.72	*10^6/µL	3.8 - 4.8	DC detection method
PLATELET (THROMBOCYTE) COUNT	238	*10^3/µL	150 - 450*10^3/µL	DC detection method/Microscopy
DIFFERENTIAL COUNT				
NEUTROPHILS	80	%	40 - 80 %	Flowcytometry/Microscopy
LYMPHOCYTES	**14**	%	20 - 40 %	Flowcytometry/Microscopy
MONOCYTES	03	%	2 - 10 %	Flowcytometry/Microscopy
EOSINOPHILS	03	%	1 - 6 %	Flowcytometry/Microscopy
BASOPHILS	00	%	0-0.9%	Flowcytometry/Microscopy
CBC SUBGROUP				
HEMATOCRIT / PCV	**35.3**	%	36 - 46 %	Calculated
MCV	**74.8**	fl	83 - 101 fl	Calculated
MCH	**24.1**	pg	27 - 32 pg	Calculated
MCHC	32.2	gm/dl	31.5-34.5 gm/dl	Calculated
RDW - RED CELL DISTRIBUTION WIDTH	**15.9**	%	11.6-14%	Calculated
PDW-PLATELET DISTRIBUTION WIDTH	32.0	fL	8.3 - 25 fL	Calculated
MPV-MEAN PLATELET VOLUME	13.7		7.5 - 11.5 fl	Calculated

***GLUCOSE, FASTING ,** *BLOOD, NAF PLASMA*

GLUCOSE,FASTING	93	mg/dL	(70 - 110 mg/dl)	GOD POD

***CALCIUM, BLOOD**

CALCIUM,BLOOD	8.90	mg/dL	8.6 - 10.2 mg/dl	ARSENAZO III

***URINE ROUTINE ALL, ALL ,** *URINE*

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW
APPEARANCE	SLIGHLY HAZY

CHEMICAL EXAMINATION

pH	5.5		4.6 - 8.0	Dipstick (triple indicator method)
SPECIFIC GRAVITY	1.025		1.005 - 1.030	Dipstick (ion concentration method)
PROTEIN	NOT DETECTED		NOT DETECTED	Dipstick (protein error of pH indicators)/Manual
GLUCOSE	NOT DETECTED		NOT DETECTED	Dipstick(glucose-oxidase-peroxidase method)/Manual
KETONES (ACETOACETIC ACID, ACETONE)	NOT DETECTED		NOT DETECTED	Dipstick (Legals test)/Manual
BLOOD	PRESENT(++)		NOT DETECTED	Dipstick (pseudoperoxidase reaction)
BILIRUBIN	NEGATIVE		NEGATIVE	Dipstick (azo-diazo reaction)/Manual
UROBILINOGEN	NEGATIVE		NEGATIVE	Dipstick (diazonium ion reaction)/Manual

MICROSCOPIC EXAMINATION

LEUKOCYTES (PUS CELLS)	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	0-5	Microscopy
RED BLOOD CELLS	2-3	/hpf	0-2	Microscopy
CAST	NOT DETECTED		NOT DETECTED	Microscopy
CRYSTALS	NOT DETECTED		NOT DETECTED	Microscopy
BACTERIA	NOT DETECTED		NOT DETECTED	Microscopy
YEAST	NOT DETECTED		NOT DETECTED	Microscopy

Note:

1. All urine samples are checked for adequacy and suitability before examination.
2. Analysis by urine analyzer of dipstick is based on reflectance photometry principle. Abnormal results of chemical examinations are confirmed by manual methods.
3. The first voided morning clean-catch midstream urine sample is the specimen of choice for chemical and microscopic analysis.
4. Negative nitrite test does not exclude urinary tract infections.
5. Trace proteinuria can be seen in many physiological conditions like exercise, pregnancy, prolonged recumbency etc.
6. False positive results for glucose, protein, nitrite, urobilinogen, bilirubin can occur due to use of certain drugs, therapeutic dyes, ascorbic acid, cleaning agents used in urine collection container.
7. Discrepancy between results of leukocyte esterase and blood obtained by chemical methods with corresponding pus cell and red blood cell count by microscopy can occur due to cell lysis.
8. Contamination from perineum and vaginal discharge should be avoided during collection, which may falsely elevate epithelial cell count and show presence of bacteria and/or yeast in the urine.

*GLUCOSE, PP , *BLOOD, NAF PLASMA*

GLUCOSE,PP	**144**		(70 - 140 mg/dl)	GOD POD

*THYROID PANEL (T3, T4, TSH) , *GEL SERUM*

T3-TOTAL (TRI IODOTHYRONINE)	1.00	ng/ml	0.9 - 2.2 ng/ml	CLIA
T4-TOTAL (THYROXINE)	10.3	5.5-16 microgram/dl	5.5-16 microgram/dl	CLIA
TSH (THYROID STIMULATING HORMONE)	1.50	µIU/mL	0.5-4.7 µIU/mL	CLIA

BIOLOGICAL REFERENCE INTERVAL : [ONLY FOR PREGNANT MOTHERS]

Trimester specific TSH LEVELS during pregnancy:

FIRST TRIMESTER : 0.10 2.50 µ IU/mL
SECOND TRIMESTER :0.20 3.00 µ IU/mL
THIRD TRIMESTER :0.30 3.00 µ IU/mL

References :

1.*Indian Thyroid Society guidelines for management of thyroid dysfunction during pregnancy. Clinical Practice Guidelines, New Delhi: Elsevier; 2012.*

2.Stagnaro-Green A, Abalovich M, Alexander E, Azizi F, Mestman J, Negro R, et al. Guidelines of the American Thyroid Association for the Diagnosis and Management of Thyroid Disease During Pregnancy and Postpartum. Thyroid 2011;21:1081-25.

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3.Dave A, Maru L, Tripathi M. Importance of Universal screening for thyroid disorders in first trimester of pregnancy. Indian J Endocr Metab [serial online] 2014 [cited 2014 Sep 25];18:735-8. Available from: http://www.ijem.in/text.asp? 2014/18/5/735/139221.

***ESR (ERYTHROCYTE SEDIMENTATION RATE) ,** *EDTA WHOLE BLOOD*

1stHour	**45**	mm/hr	0.00 - 20.00 mm/hr	Westergren

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Lab No. : SR7339687 **Name : NITYA TIGGA** **Age/G : 43 Y 1 M 27 D / F** **Date : 25-02-2023**

PHOSPHORUS-INORGANIC, BLOOD , *GEL SERUM*

PHOSPHORUS-INORGANIC,BLOOD	2.9	mg/dL	2.4-5.1 mg/dL	Phosphomolybdate/UV

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Consultant Biochemist

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Patient Name	: **NITYA TIGGA**	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 43 Y 1 M 27 D	**Collection Date**	:
Gender	: F	**Report Date**	: 25/Feb/2023 03:00PM

DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

DATA		
HEART RATE	95	Bpm
PR INTERVAL	164	Ms
QRS DURATION	78	Ms
QT INTERVAL	348	Ms
QTC INTERVAL	441	Ms
AXIS		
P WAVE	45	Degree
QRS WAVE	96	Degree
T WAVE	51	Degree
IMPRESSION	**:**	**Within normal limits.**

******Please correlate clinically******

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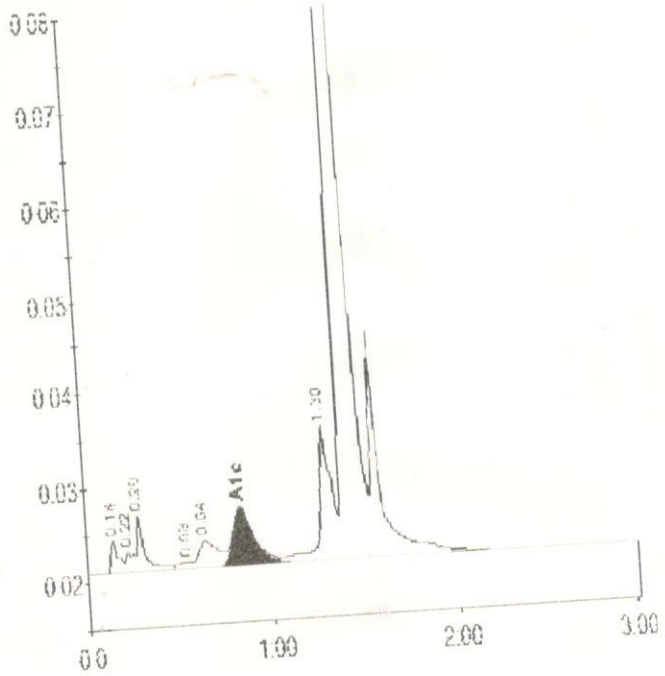
Patient report

Bio-Rad
D-10
S/N: #DJ4D012104
Sample ID:
Injection date
Injection #: 8
Rack #: ---

DATE: 25/02/2023
TIME: 02:15 PM
Software version: 4.30-2
C02135876152
25/02/2023 02:15 PM
Method: HbA1c
Rack position: 8



Peak table - ID: C02135876152

Peak	R.time	Height	Area	Area %
A1a	0.14	3447	10225	0.8
Unknown	0.22	2331	3799	0.3
A1b	0.29	6143	19181	1.4
F	0.53	757	3718	0.3
LA1c/CHb-1	0.64	2846	21247	1.6
A1c	0.84	6188	47687	5.0
P3	1.30	14539	69546	5.2
A0	1.41	452635	1155119	86.8
Total Area:		1330521		

Concentration:	%	mmol/mol
A1c	5.0	31